The WAGER, Vol. 30(9) – Finding common ground: Lived experiences of addiction and addictions' perceived original causes

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Drug use disorders, pathological gambling, compulsive shopping, and other similar mental health problems were once thought of as separate and disconnected phenomena. According to the Syndrome Model of Addiction, advanced by Dr. Howard Shaffer and colleagues, risk factors for addiction – whether chemical and behavioral – include common themes and life circumstances. Researchers are continuing to look for these "primary causes" and mechanisms that can cut across different expressions of addiction. This week, as part of our Special Series in Honor of Dr. Howard Shaffer, The WAGER reviews a study by Sophie G. Coelho and colleagues that examined the perceived causes of several different expressions of addiction.

What was the research question?

From the perspective of people with lived experience, are the perceived causes of addiction similar across different forms of addiction?

What did the researchers do?

The researchers used data from the Quinte Longitudinal Study of Gambling and Problem Gambling. This prospective survey solicited people 18 years or older living within 70 miles of Belleville, Ontario, Canada, from 2006 to 2011. The 4,122 participants were a 74%/26% mix of people recruited randomly and a group overly selected for higher levels of gambling. A total of 1,473 participants reported problematic substance abuse, gambling, or other behavior. The researchers asked participants which behaviors led to "significant negative consequences" (e.g., financial difficulties, relationship issues). For each mentioned behavior, the researchers asked, "What was the main cause of [your problem with the substance/behavior]?" Participants' responses were open-ended

text, and the researchers used content analysis to classify responses. They classified participants' types of addiction into three categories (substance use versus gambling versus other behavioral addictions), and then counted how many participants in each class gave each main cause. They used a chi-square test to determine if there was a difference in the three classes' distributions of main causes.

What did they find?

Out of 25 main causes the researchers gleaned from the participants' responses, 10 were common to all three classes. The most common cause was coping (see Figure), either with other mental health issues like depression, physical ailments such as nausea, or other life stressors such as family problems. Other main causes common to the three classes of addiction include enhancement (e.g., gambling for excitement), poor self-control, and the addictive properties of the substances or activities themselves. Main causes that were unique to certain classes included [chemical] withdrawal (specific to substance use disorders), money and trying to "win" (specific to gambling), and hunger (specific to eating, as another behavioral addiction). The researchers did find differences in the distributions of main causes. For example, participants were more likely to mention inherently addictive properties as a main cause of their addiction when discussing substance use disorders (e.g., "Tobacco is highly addictive"), while enhancement and excitement were more common in gambling and in other behavioral addictions.

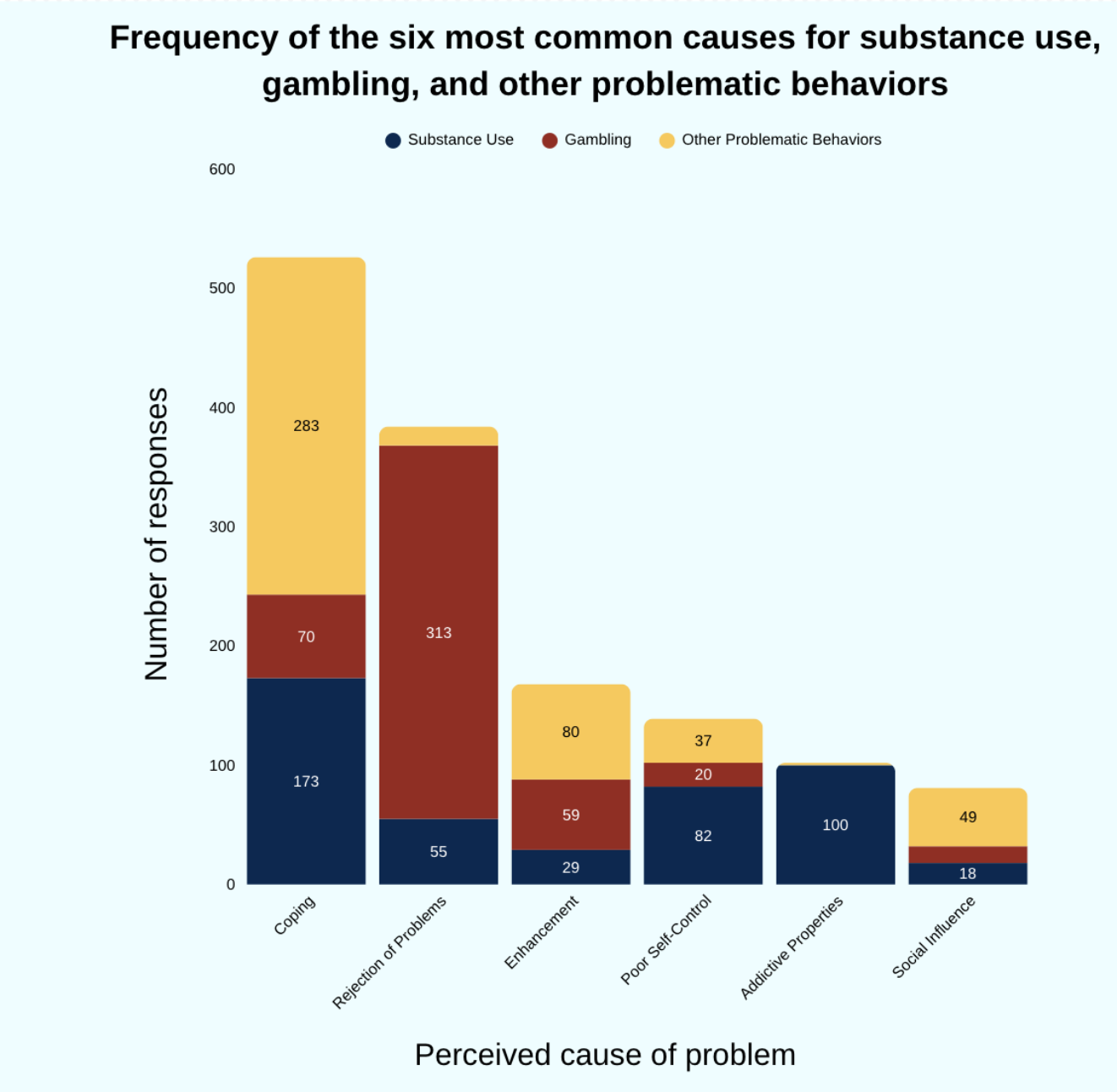

Figure. Six of the eight most common main causes of addictive behavior and the categories of addictive behavior they led to. The two of the eight not shown are “Unclear” and “Unsure of cause.” Click image to enlarge.

Why do these findings matter?

Understanding the etiology of addiction is important, even if certain causes are more common for particular addictions than they are for others. For instance, researchers and clinicians can explore whether combining treatment seekers into support groups by main causes, rather than by current problems, might yield better treatment outcomes faster. To illustrate, people who all started engaging in addictive behaviors as a way of coping with depression and loneliness might be able to empathize with each other, even if some have problems with alcohol while others have problems with gambling. Treatment providers might find ways to

think beyond the common practice of promoting services for one specific type of addiction, and find themselves able to serve much wider client bases than they originally envisioned.

Every study has limitations. What are the limitations of this study?
The participant pool resided completely within a single province in Canada, so the results might not be generalizable to other populations. The researchers grouped the different types of addiction into three broad classes, combining drugs with very different properties into one class, the many different forms of gambling into another, and a wide range of behavioral addictions into a third. Grouping participants or types of addiction this way might have kept the researchers from pinpointing specific main causes unique to specific substances, gambling games, or behaviors.

For more information:
At our Division on Addiction website, we have a page with a quick summary of the Syndrome Model of Addiction. For additional resources, including gambling and self-help tools, visit our Addiction Resources page.

– Matthew Tom, Ph.D.

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